

DOCKET NO. 04-319

AUG 13 2004
CERTIFIED MAIL

ORDER DATED 8/13/04
FCC # 04-8501
MIMEOGRAPH NO.

RETURN RECEIPT REQUESTED

* 04-319
NAME: Howard J. Barr, Esq.
Womble, Carlyle, Sandridge & Rice
1401 Eye Street, N.W.
Suite 700
Washington, DC 20005

C. R. R. NO.

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

7002 0510 0003 8378 8327

Postage \$	2.50
Certified Fee	1.20
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$4.70

Postmark: AUSTON PARK MD 20791
12 AUG 13 2004

Sent To: HOWARD J. BARR
Street, Apt. No. or PO Box No. 1401-EYE ST. N.W. #700
City, State, ZIP+4 WASHINGTON D.C. 20005

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

* 04-319
Howard J. Barr, Esq.
Womble, Carlyle, Sandridge & Rice
1401 Eye Street, N.W.
Suite 700
Washington, DC 20005

COMPLETE THIS SECTION OF DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
8/16/04
- C. Signature
X [Signature] ☐ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

1. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

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PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952